

Storage Garage Lease Application

(Please fill out and FAX to (585) 671-9771)

Storage Unit No. _____

Date: _____

Mr.
Mrs.
Name Ms. _____ Date
of Birth _____

Permanent or Previous Address _____

City _____ State _____ Zip _____

Phone _____

Driver's License No. _____

Social Security No. _____

How did you hear about Avalon Storage? _____

Employer: _____ How long? _____

Address _____

City _____ State _____ Zip _____

Position _____ Business Phone _____

Supervisor _____ Emergency Contact _____

Credit Reference (for whomever is responsible for rent):

Bank _____ Phone # _____

Account # _____

I hereby authorize Avalon Corporate Furnished Apartments to obtain a credit check on me. You may request a consumer report (credit report) in connection with this application and any updates, renewal or extension of the applied for credit. Upon my request you will advise me whether or not a consumer report was requested and the name and address of the consumer reporting agency that furnished the report.

We have read the application and agree to the terms, conditions and disclosures.

Signature _____ Date _____